

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3680

63-028369

FILED JUL 22 1963

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in 1b 43 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran Hosp		d. STREET ADDRESS (If outside, give location) 7210 Bellefontaine	
3. NAME OF DECEASED (Type or print) First Edwin Middle S Last Harrell		4. DATE OF DEATH Month July Day 1 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-10-1896
9. AGE (last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during working life, even if retired) Detective	
11. BIRTHPLACE (City and state or country) Columbia, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME George S. Harrell		13b. MOTHER'S MAIDEN NAME Bessley Sewall	
14. NAME OF HUSBAND OR WIFE Virginia L. Harrell		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I Navy	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address aine, KC Mo Virginia L Harrell, 7210 Bellefont-	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from Jan. 13, 1960 to July 1, 1963 and last saw him alive on 7/1/63 Death occurred at 11:55 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. R. Becker, M.D. (Degree or title)		22b. ADDRESS 4000 Baltimore Kansas City, Mo	
22c. DATE SIGNED 7/2/63		23a. BIRTH, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 7-5-1963		23c. NAME OF CEMETERY OR CREMATORY Floral Hills	
23d. LOCATION (City, town, or county) Kansas City, Missouri		24. FUNERAL DIRECTOR ADDRESS Floral Hills Funeral Home Kansas City, Missouri	
25. DATE RECD. BY LOCAL REG. 7-2-63		26. REGISTRAR'S SIGNATURE [Signature]	

DOCUMENT

R. R. Becker MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

USE BLACK INK
OR
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Rev. 4/59

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Dr. Ireland R. Decker
40000
401-5800
Hwy 2-58111

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John R. Decker
Licensed Embalmer No. 4531
P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

- If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
- If this body is not embalmed, fact should be so stated above.